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EXAMINER

TOMASZEWSKI, MICHAEL

ART UNIT PAPER NUMBER

3626

DATE MAILED: 01/04/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

DETAILED ACTION

Notice To Applicant

1. This communication is in response to the application filed on 29 January 2002. Claims 1-33 are pending. The IDS statement filed on 29 January 2002 has been entered and considered.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-2, 18 and 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gelber (US 2003/0069760; hereinafter Gelber); in view of Rensimer et al (5,845,253; hereinafter Rensimer); and in view of Dart et al. (6,529,876; hereinafter Dart).

(A) As per claim 1, Gelber discloses a method for generating a patient record that is compliant with insurance guidelines, the insurance guidelines including a plurality of service levels associated with patient care wherein each of the different service levels affords a health care provider a different amount of reimbursement, the method comprising the steps of:

- (a) wherein the objective rules identify a service level that maximizes the amount of reimbursement associated with the patient encounter (Gelber: abstract; par. [0059]);
- (b) after the encounter, documenting the identified elements of service provided to the patient (Gelber: abstract; par. [0056]); and
- (c) forming the compliant patient record by inputting reimbursement information documented in step (e) into a computer system, wherein the reimbursement information corresponding to the patient encounter is only inputted into the computer system after at least steps (a) to (c) have been performed (Gelber: abstract; par. [0051] – [0057]; Fig. 1-2).

Gelber, however, fails to expressly disclose a method for generating a patient record that is compliant with insurance guidelines, the insurance guidelines including a plurality of service levels associated with patient care wherein each of the different

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service levels affords a health care provider a different amount of reimbursement, the method comprising the steps of:

- (d) receiving answers to a patient intake questionnaire;
- (e) determining a service level applicable to a patient encounter by applying objective rules to the questionnaire answers;
- (f) applying the determined service to a medical treatment template in order to identify elements of service to be provided to the patient during the encounter; and
- (g) providing the identified elements of service to the patient during the encounter.

Nevertheless, these features are old and well known in the art, as evidenced by Rensimer and Dart. In particular, Rensimer and Dart disclose a method for generating a patient record that is compliant with insurance guidelines, the insurance guidelines including a plurality of service levels associated with patient care wherein each of the different service levels affords a health care provider a different amount of reimbursement, the method comprising the steps of:

- (d) receiving answers to a patient intake questionnaire (Rensimer: abstract; col. 5, lines 16-28);

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- (e) determining a service level applicable to a patient encounter by applying objective rules to the questionnaire answers (Rensimer: abstract; col. 3, lines 52-67; col. 4, lines 1-33);
- (f) applying the determined service to a medical treatment template in order to identify elements of service to be provided to the patient during the encounter (Dart: abstract; col. 3, lines 12-22; col. 7, lines 41-67; col. 8, lines 1-7; Fig. 1-8); and
- (g) providing the identified elements of service to the patient during the encounter (Dart: abstract; col. 7, lines 41-67; Fig. 8).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Rensimer with the teachings of Gelber with the motivation of providing a means of recording medical data with greater accuracy and precision (Rensimer: col. 1, lines 50-67; col. 2, lines 1-21).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Dart with the combined teachings of Gelber and Rensimer with the motivation of providing a means for maximizing efficiency and accuracy with respect to medical records (Dart: col. 2, lines 1-11).

(B) As per claim 2, Gelber discloses the method of claim 1, wherein the insurance guidelines are Medicare guidelines (Gelber: par. [0060]).

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(C) Claim 18 differs from method claim 1 by reciting "An apparatus..." and a means for: "receiving," "applying," "providing," "documenting," and "forming." As per these elements, Gelber discloses an apparatus that includes means for receiving, applying, providing, documenting and forming, such as a computer, telecommunication system and a database, among other means (Gelber: par. [0104] – [106]; Fig. 4). The remainder of claim 18 substantially repeats the same limitations of method claim 1 and is therefore, rejected for the same reasons given above for claim 1 and incorporated herein.

(D) Claim 27 substantially repeats the same limitations of claim 1 and is therefore, rejected for the same reasons given for claim 1.

4. Claims 3-17, 19, 20-26 and 28-33 are rejected under 35 U.S.C. 103(a) as being unpatentable over Ross, Jr. et al. (5,823,948; hereinafter Ross), in view of Mitchell et al. (6,684,188; hereinafter Mitchell), in view of Gelber, and in view of Dart.

(A) As per claim 3, Ross discloses a method for generating a compliant patient record that is compliant with insurance guidelines, the method comprising:

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- (a) providing a medical transcription system that includes a plurality of fields that may be filled with a value (Ross: abstract; col. 4, lines 51-67; col. 5, lines 1-14; Fig. 3-7).

Ross, however, fails to expressly disclose a method for generating a compliant patient record that is compliant with insurance guidelines, the method comprising:

- (b) providing fields that may be filled with either a default value or a non-default value;
- (c) providing a template for a doctor to view the values for each one of said plurality of fields, the values for each one of said plurality of fields may vary based on an exam level;
- (d) dictating the non-default values for each one of said plurality of fields where the default value is inappropriate;
- (e) inputting the non-default values, and allowing the medical transcription system to input the default values, in the medical transcription system; and
- (f) generating the compliant patient record.

Nevertheless, these features are old and well known in the art, as evidenced by Mitchell, Dart, and Gelber. In particular, Mitchell, Dart, and Gelber disclose a method for generating a compliant patient record that is compliant with insurance guidelines, the method comprising:

- (b) providing fields that may be filled with either a default value or a non-default value (Mitchell: abstract; col. 22, lines 23-35; col. 23, lines 47-52; col. 25, lines 53-67);
- (c) providing a template for a doctor to view the values for each one of said plurality of fields, the values for each one of said plurality of fields may vary based on an exam level (Dart: abstract; col. 3, lines 12-22; col. 7, lines 41-67; col. 8, lines 1-7; Fig. 1-8);
- (d) dictating the non-default values for each one of said plurality of fields where the default value is inappropriate (Mitchell: abstract; col. 22, lines 23-35; col. 23, lines 47-52; col. 25, lines 53-67);
- (e) inputting the non-default values, and allowing the medical transcription system to input the default values, in the medical transcription system (Mitchell: abstract; col. 22, lines 23-35; col. 23, lines 47-52; col. 25, lines 53-67); and
- (f) generating the compliant patient record (Gelber: par. [0060]) (Examiner considers records complying with Medicare guidelines to be "compliant.").

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Mitchell with the teachings of Ross with the motivation of providing a means of producing medical documents more efficiently (Mitchell: col. 6, lines 55-59).

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Moreover, one of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Dart with the combined teachings of Ross and Mitchell with the motivation of providing a means for maximizing efficiency and accuracy with respect to medical records (Dart: col. 2, lines 1-11).

Lastly, one of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Gelber with the combined teachings of Ross, Mitchell and Dart with the motivation of providing compliant medical documents (Gelber: par. [0018] – [0028]).

(B) As per claim 4, Ross discloses the medical of claim 3, wherein the doctor dictates the non-default values (Ross: abstract; col. 2, lines 50-57).

(C) As per claim 5, Ross discloses the method of claim 3, wherein a medical transcriptionist inputs the non-default values (Ross: abstract; col. 2, lines 50-57).

(D) As per claim 6, Ross fails to expressly disclose the method of claim 3, wherein the medical transcription system generates the compliant patient record.

Nevertheless, these features are old and well known in the art, as evidenced by Gelber. In particular, Gelber discloses the method of claim 3, wherein the medical transcription system generates the compliant patient record (Gelber: par. [0060]) (Examiner considers records complying with Medicare guidelines to be “compliant.”).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Gelber with the combined teachings of Ross, Mitchell and Dart with the motivation of providing compliant medical documents (Gelber: par. [0018] – [0028]).

(E) As per claim 7, Ross fails to expressly disclose the method of claim 3, wherein the template includes a medical treatment template.

Nevertheless, these features are old and well known in the art, as evidenced by Dart. In particular, Dart discloses the method of claim 3, wherein the template includes a medical treatment template (Dart: abstract; col. 3, lines 12-22; col. 7, lines 41-67; col. 8, lines 1-7; Fig. 1-8).

Moreover, one of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Dart with the combined teachings of Ross, Mitchell and Gelber with the motivation of providing a means for maximizing efficiency and accuracy with respect to medical records (Dart: col. 2, lines 1-11).

(F) As per claim 8, Ross fails to expressly disclose the method of claim 9, wherein the insurance guidelines include Medicare guidelines.

Nevertheless, these features are old and well known in the art, as evidenced by Gelber. In particular, Gelber discloses the method of claim 9, wherein the insurance guidelines include Medicare guidelines (Gelber: par. [0060]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Gelber with the combined teachings of Ross, Mitchell and Dart with the motivation of providing compliant medical documents (Gelber: par. [0018] – [0028]).

(G) Claims 9-12 substantially repeat the same limitations of claims 3, 4, 7, and 2 and are therefore, rejected for the same reasons given for those claims.

(H) Claims 13-17 substantially repeat the same limitations of claims 3, 5-7, and 2 and are therefore, rejected for the same reasons given for those claims.

(I) Claim 19 differs from method claim 3 by reciting an “[A]pparatus...” and a means for: “providing,” “dictating,” “inputting,” and “generating.” As per these elements, Gelber discloses an apparatus that includes means for receiving, applying, providing, documenting and forming, such as a computer, telecommunication system and a database, among other means (Gelber: par. [0104] – [106]; Fig. 4). The remainder of claim 19 substantially repeats the same limitations of method claim 3 and is therefore, rejected for the same reasons given above for claim 3 and incorporated herein.

(J) Claims 20-24 substantially repeat the same limitations of claims 3, 4, 5, 7, and 2 and are therefore, rejected for the same reasons given for those claims.

(K) Claim 25 substantially repeats the same limitations of claim 20 and is therefore, rejected for the same reasons given for claim 20.

(L) Claim 26 substantially repeats the same limitations of claim 25 and is therefore, rejected for the same reasons given for claim 25.

(M) Claims 28-33 substantially repeat the same limitations of claims 1-8 and are therefore, rejected for the same reasons given for those claims.

Conclusion

5. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied art teaches a health care management system for managing medical treatments and comparing user-proposed and recommended resources required for treatment (5,583,758); a medical insurance verification and processing system (4,491,725); systems and methods for obtaining approval for medical reimbursements (US 2002/0082863); a method for computing current procedural terminology codes for physician generated documentation (5,483,443); a medical transcription system with text expansion (5,781,891); an

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augmentation system for documentation (US 2001/0042080); and computer software for processing medical billing record information (5,933,809).

The cited but not applied prior art also includes non-patent literature articles by Kerrigan, Mary Kathryn ("A New Profit Center" Dec 1987. Computers in Healthcare. Vol. 8, Iss. 14. pg. 33.) and PR Newswire ("MMIC Enters Into Partnership with MedQuist to Bring On-line Transcription Service to Physicians" Jan 31, 2001. pg. 1.).

6. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

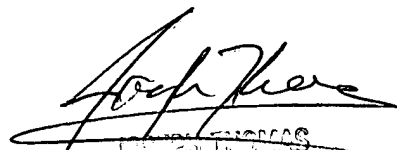
If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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